

Columbia-Greene Therapeutic Riding Center, Inc.
P.O. Box 302 831 Mail Route Road
Ashland, N.Y. 12407
518-734-4445

Volunteer/Staff Information Form and Health History Page 2

Name:

Address:

Phone:

Date of Birth:

Photo Release

I DO

DO NOT

consent to and authorize the use and reproduction by

audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center. ^(NARHA center) of any and all photographs and any other

Signature:

Date:

Background Information

Have you ever been charged with or convicted of a crime? Y N; please explain

I, _____ (volunteer/staff), authorize _____ (center) to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature:

Date:

(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER

STATE

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature:

Date:

(volunteer/staff)